## (703) 365-6421 PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/529115

| CLAIMS AS FILED - PART I  |  |   |  |                                |                           |                                   |              | SMALL ENTITY        |                        |    | OTHER THAN          |                        |  |
|---|--|---|--|--------------------------------|---------------------------|-----------------------------------|--------------|---------------------|------------------------|----|---------------------|------------------------|--|
|   |  |   | (Column                                    | ո 1)                           | (                         | (Column 2)                        |              | TYPE                |                        | OR | OR SMALL ENTITY     |                        |  |
| U.S. NATIONAL STAGE FEES  |  |   |  |                                |                           |                                   |              | RATE                | FEE                    |    | RATE                | FEE                    |  |
| BASIC FEE   |  |   | SMALL ENT.                                 | = \$ 150                       | LARC                      | SE ENT. = \$ 300                  |              | BASIC FEE           | 150                    | OR | BASIC FEE           |                        |  |
| EXAMINATION FEE   |  |   | Satisfies PCT Ar<br>(4) = \$50             |                                |                           | her situations = 100 / \$ 200     |              | EXAM. FEE           | 100                    |    | EXAM. FEE           |                        |  |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                      |                           | her situations = 250 / \$ 500     |              | SEARCH FEE          | 50                     |    | SEARCH FEE          |                        |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu                                       | us 100 =                       |                           | / 50 =                            |              | X \$ 125 =          |                        |    | X \$ 250 =          |                        |  |
| тот   | AL CHARGEAI                                    | BLE CLAIMS                                  | 7/ mir                                     | nus 20 =                       | . 1                       | 5/                                |              | X \$ 25 =           | 1275                   | OR | X \$ 50 =           |                        |  |
| IND   | EPENDENT CL                                    | AIMS  | 8 m  | inus 3 =                       | •                         | <b>ئ</b>                          |              | X \$ 100 =          | 500                    | OR | X \$ 200 =          |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                              | SENT                                       |                                |                           |                                   |              | + \$ 180 =          |                        | OR | + \$ 360 =          | ,                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                                |                           |                                   | •            | TOTAL               | 2075                   | ĠR | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |                                |                           |                                   |              | SMALL E             | NTITY                  | OR | OTHER SMALL E       | '                      |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY              | PRESENT<br>EXTRA                  | 1            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **                             |                           | =                                 |              | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |  |
|   | Independent                                    | *   | Minus                                      | ***                            |                           | =                                 |              | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                           |                                   |              | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |  |
|   |  |   |  |                                |                           |                                   |              | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                                |                           |                                   |              |                     |                        |    |                     |                        |  |
| IT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGH<br>NUME<br>PREVIO<br>PAID | BER<br>DUSLY              | PRESENT<br>EXTRA                  |              | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| DMEN  | Total  | •   | Minus                                      | **                             |                           | =                                 |              | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |  |
| AMENDMENT   | Independent                                    | *   | Minus                                      | ***                            |                           | =                                 |              | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |  |
| •   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                           |                                   |              | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |  |
|   |  |   |  | TOTAL ADDIT.<br>FEE            |                           | OR                                | TOTAL ADDIT. |                     |                        |    |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". |  |   |  |                                |                           |                                   |              |                     |                        |    |                     |                        |  |
| ***   | If the "Highest Nu<br>The "Highest Nun         | mber Previously Pai<br>nber Previously Paid | d For" IN THIS SP<br>For" (Total or Inde   | 'ACE is less<br>ependent) it   | s than '3',<br>s the higi | , enter "3".<br>hest number found | in th        | e appropriate box   | in column 1.           |    |                     |                        |  |